ALSDAC MEETING

Friday, September 14, 2001

Prescription Drug Abuse

Prescription Drug Abuse Vignettes

EXAMPLE 1:

Drug A is an opioid agonist/antagonist analgesic initially approved for marketing in the late 1970's as a parenteral agent primarily for hospital intravenous use. The original evaluation for abuse liability judged the risk to be low and the product was not scheduled. A nasal spray formulation was later developed, and intended for self-administration by patients. The question of abuse potential was revisited during the review of the new formulation given that patients would be able to self-administer this product, potentially increasing the abuse potential beyond that of the original intravenous formulation. An FDA Advisory Committee recommended that the product be marketed without scheduling control, and the manufacturer would conduct special postmarketing surveillance to monitor abuse. The nasal spray was approved and marketed in the early 1990's.

Reports of an emerging abuse problem following availability of the nasal spray formulation led to a review of data from the DAWN and AERS databases, and an FDA-DEA survey of State Authorities was initiated. Fifty reports of drug seeking behavior linked to the nasal spray were identified during 1992 and 1993 including falsification of prescriptions, doctor shopping, and requests for early refills. Eighty percent of responding state authorities confirmed cases of the nonmedical use and diversion of this product. The number of reports increased from 120 in 1993, to 150 in both 1996 and 1997. From 1993 to 1995, prescriptions of Drug A nasal spray increased from 500,000 per year to 1.5 million per year with half of the prescriptions representing refills.

The Agency underwent negotiations with the sponsor. A request to DEA to place Drug A nasal spray in Schedule IV of the CSA was granted in late 1997. Following the scheduling of Drug A nasal spray, the number of abuse-related reports began to decrease, with fewer than 10 in each of the years 1998-2000. The number of prescriptions remained nearly stable from 1998 through 2000 at approximately 1 million per year, even as the AERS abuse-related reports declined.

EXAMPLE 2:

Drug B, an opioid agonist/antagonist, was initially approved for use in 1969. An increasing frequency of cases of abuse, diversion, overdose, and death, including intravenous abuse of crushed tablets, were reported to the Agency through the late 1970's. Drug B was added to Schedule IV of the CSA in 1979. However, reports of abuse and diversion, particularly the crushing and injecting of the product, continued in spite of the scheduling of Drug B and labeling changes. At the request of the Agency, the product was reformulated with naloxone in 1982 and the original Drug B tablet was withdrawn from the U.S. market in 1983. Reports of abuse declined dramatically following the withdrawal of Drug B, while the use of reformulated Drug B with naloxone remained stable.

EXAMPLE 3:

Drug C, a novel formulation of a schedule II narcotic, was developed for a targeted pain population. Concerns of accidental exposure of this product to non-opioid tolerant individuals, and concerns about the risk of abuse and diversion led the Agency to seek a comprehensive risk management plan prior to approval and marketing. The risk management plan included a program to limit prescriptions to patients with the indication-specified diagnosis, corrective informational letters sent to physicians prescribing the product off-label, limited detailing of physicians by the sponsor's pharmaceutical marketing representatives, patient education materials covering use, storage and disposal of the product, sponsor supplied safety locks and temporary storage containers, and patient surveys provided by participating pharmacies. Reports of abuse, misuse, or diversion of this product have been rare.